# I received a COBRA Notice, what are my options to continue medical coverage?

# Back to work?

Have you gone back to work? If yes, please call the Fund Office to obtain the last hours reported on record. We will need copies of any paystubs not reflected in our office that list dates and hours worked with a Local 1 Contractor. These can either emailed to us at <u>info@ualocal1funds.org</u> or faxed to (718) 641-8155. From there, our office will work with you to confirm hours with your Employer or enroll you on the Return to Work Extension of Benefit.

# Not working?

You may be eligible for the Unemployment Extension of Benefit; if eligible, for up to six (6) months of coverage at no cost from the date your eligibility would otherwise terminate, plus an additional six (6) months of coverage at a monthly rate determined by the Trustees.. If you reject COBRA and elect the Unemployment Extension, an additional 18-month extension is available once the Unemployment Extension of up to 12 months is exhausted. The cost for the additional 18-month extension will be at a monthly rate determined by the Trustees. If you elect COBRA Continuation of Coverage, you are not eligible for the Unemployment Extension. Please call us to assess your eligibility for this benefit.

# I'm not working. How do I elect the Unemployment Extension of Benefit?

To elect this benefit, you will need to provide our office with the following:

#### **COBRA Rejection Form:**

Name:	Date:
Address:	SS#:
Address:	
City/State:	Zip:
This Election form must be received b you will lose your right to elect COBR. No. 1 Welfare Fund.	by the Plumbing Industry Board no later than 6/12/2020 or A Continuation Coverage under the Plumbers Local Union
I elect COBRA Continuation Cove and hospitalization benefits, vision, ar	erage consisting of comprehensive major medical, surgical nd prescription for myself at a cost of \$602.00 per month.
	erage consisting of comprehensive major medical, surgical an rescription for myself and my family at a cost of
I reject COBRA Continuation Cov	verage.
My Initial premium is enclosed.	
My Initial premium will be sent wit	thin 45 days of the date of this Election Form.
Name of Person Electing	Relationship to Participant
Signature of Person Electing	Date
Mailing Address	
Mailing Address	
Note: Under Federal law, you need n family. The employee, spouse and de COBRA Continuation Coverage. How	of elect COBRA Continuation Coverage for your entire ependent children) each have a separate right to elect werd, since there is one composite rate premium for entities to coverage, iming CoBRA Continuation

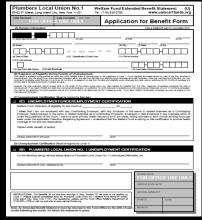
←Complete and select **"I reject COBRA Continuation Coverage"** This form can be found as the last page of the COBRA notice sent to you.

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### Proof that you're receiving State Unemployment Benefits (listing name, ss# and dates):

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Week Ending	Total Amount	Net	Effective Days	Release	Type
04/12/2020	\$600.00	\$600.00	0	04/13/2020	Debit Payment Card
04/12/2020	\$504.00	\$\$04.00	4	04/13/2020	Debit Payment Card
04/05/2020	\$600.00	\$600.00	0	04/06/2020	Debit Payment Card
04/05/2020	\$504.00	\$504.00	4	04/06/2020	Detat Payment Card
03/29/2020	\$504.00	\$504.00	4	04/02/2020	Debit Payment Card
03/15/2020	\$0.00	\$0.00	4	03/26/2020	Walting week
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# **Unemployment Extension Application:**



←This form can be found on the Fund Office website and must be submitted no earlier than the 20<sup>th</sup> of each month.

PLUMBERS LOCAL UNION No.1 WELFARE FUND po Retired po Marital Status
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# HRA Payment Authorization Form:

 $\leftarrow$  For the months where a monthly payment is required you can use your HRA account to make these payments by completing this form to pay for all or a portion of your Unemployment Extension opting to.